

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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FORMED  
AND  
FILED

00 OCT -2 PM 4:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **PA4000023792**

**1. Corporation Name**

**Apparel Inspection & Correction Inc**  
**2673 So. Park lane**  
**Pembroke Park, FL 33009**

**2. Principal Office Address**

**2673 So. Park lane**

Suite, Apt. #, etc.

**3. Mailing Office Address**

**same**

Suite, Apt. #, etc.

**City & State**

**Pembroke Park, FL**

**City & State**

**Zip**

**33009 Broward**

**Country**

**Zip**

**Country**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**3/28/94**

**5. FEI Number**

**65-0491745**

**Applied For**

**Not Applicable**

**6. CERTIFICATE OF STATUS DESIRED** ☒

**\$8.75 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

**Name**

**David P. Neveux**

**Street Address (P.O. Box Number is Not Acceptable)**

**2673 So. Park lane**

Suite, Apt. #, Etc.

**City**

**Pembroke Park**

**State**

**FL**

**Zip Code**

**33009**

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**9/29/00**

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/V/P/D	David P. Neveux	2673 So. Park lane	Pembroke Park, FL 33009

**200003398042--4**

**-10/09/00--01037--013**

**\*\*\*\*115.00 \*\*\*\*115.00**

*[Signature]*

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* **David P. Neveux (Pres)**

Date

Daytime Phone #

**9/29/00 (954) 964-3064**

CR2E081 (9/99)

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Apparel Inspection & Correction  
2673 So. Park Lane  
Pembroke Park, FL 33009  
(954) 964-3064

September 29, 2000

Florida Department Of State  
Reinstatement Division  
Attn. Michelle Millegan  
P.O. Box 6327  
Tallahassee, FL 32314

RE: DOCUMENT NUMBER P94000023792

Dear Michelle,

Regarding above stated document, we spoke by telephone on Friday, Sept. 29, 2000. We did not receive The Corporate Report so therefore was not filed. Previously our former attorney handled this. We would appreciate if reinstatement fees could be waived. As per our conversation I am sending a check in amount of \$115.00 to go along with \$43.75 sent to you 09/13/00 check no. 8067. Also I am sending completed reinstatement application.

If further information is needed, please call me at (954) 964-3064.

Thanking you in advance.

Sincerely,

Apparel Inspection & Correction Inc.

*Charlene Walker*

Charlene Walker  
For Dave Neveux, President

Enclosures